

# Primary Care Network

Primary Health Care is Now Within Reach

## What is PCN?

The Primary Care Network (PCN) is health coverage for adults who qualify. Applications are only accepted during enrollment sessions, which are held when resources are available to cover more people.

To enroll, watch and listen for announcements about the next PCN enrollment session is the news or visit [www.health.utah.gov/pcn](http://www.health.utah.gov/pcn)

## What does PCN cover?

- Primary care provider visits
- Some emergency room visits
- Emergency medical transportation
- Lab services
- X-rays
- Four prescriptions per month
- Dental exams, X-rays, cleanings, and filings
- One eye exam per year; no glasses
- Family planning

## Case Management

While covered by PCN, you may need to stay in a hospital or see a specialist like an orthopedist, cardiologist, or ear nose and throat doctor. These services are not covered by PCN. But, PCN Case Managers may be able to help you get these services.

For example, a PCN Case Manager may be able to help you if you need to stay in the hospital, see a specialist, or get other services not covered by PCN.

## How much will PCN cost?

In addition to small co-pays, there is a yearly fee of \$50.

Each person on the program will not be asked to pay more than \$1,000 in co-pays each calendar year.

## Do I qualify?

You may qualify if you:

- Are age 19 through 64
- Are a U.S. citizen or legal resident
- Fit within the PCN income guidelines (see chart)
- Do not qualify for Medicaid
- Do not have health insurance
- Do not have access to student health insurance, Medicare or Veterans Benefits

The federal government requires PCN to enroll more parents than those without children. Because of this, PCN may schedule separate enrollment times for parents and those without children.

To enroll as a parent, you must have children living at home who are under the age 19.

| Income Guidelines for the<br>Primary Care Network* |                             |                  |
|--|-----------------------------|------------------|
| Family<br>Size                                     | Maximum Income<br>Per Month | Annual<br>Income |
| 1  | \$1,225                     | \$14,700         |
| 2  | \$1,650                     | \$19,800         |
| 3  | \$2,075                     | \$24,900         |
| 4  | \$2,500                     | \$30,000         |
| 5  | \$2,925                     | \$35,100         |

\*2006 income guidelines

## How do I apply?

Visit the website, watch the news and listen for announcements of an enrollment session. During an enrollment session, apply by mail, online, or visit an eligibility office.

For questions about PCN, or to have an application mailed to you, call 1-888-222-2542. To apply online or for more information, visit [www.health.utah.gov/pcn](http://www.health.utah.gov/pcn).

**Primary Care Network**  
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## Primary Care Network (PCN) Co-Payment Schedule

| Benefit  | Co-Pay Amount<br>* The maximum co-pays you will be required to pay are \$1,000 per person/per calendar year |
|--|---|
| Physician Visit<br>(Pregnancy related services not covered)  | \$5 co-pay visit per visit  |
| Hospital Emergency Room<br>(Not all emergencies are covered by PCN, see your PCN Member Handbook for more information) | \$30 co-pay per visit for emergencies   |
| Emergency Transportation   | No-co-pay – limited to emergency transportation   |
| Medical Equipment and Supplies   | 10% co-pay for covered services   |
| Pre-existing Condition Waiting Period  | No Waiting Period   |
| Pharmacy<br>(Four prescriptions per month)   | \$5 co-pay for prescriptions on preferred list; 25% of the allowed amount for drugs not on preferred list   |
| Laboratory   | 5% co-pay of the allowed amount if over \$50  |
| X-rays   | 5% co-pay of the allowed amount if over \$100   |
| Dental Services<br>Including: examinations, x-rays, cleanings and fillings   | 10% co-pay of allowed amount  |
| Vision Screening<br>(One eye exam per year, prescription eyeglasses and contacts not included)                         | \$5 co-pay; one eye exam per year   |
| General preventive services and health education.  |   |

Note: Services not included are outpatient hospital services, pregnancy related services, mental health services, occupational therapy, physical therapy and chiropractic services.

This is only a summary of PCN benefits and co-payments; plan restrictions may apply.